



711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

F-1
(1/12)

PERSONAL FINANCIAL
AFFAIRS STATEMENT

P M PDC OFFICE USE
O A
S R
T K
DATE FILED PDC

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials -- by April 15.
Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

R E APR 15 2013
E C E
I V E
D

Last Name Murray	First Edward	Middle Initial B.	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
Mailing Address (Use PO Box or Work Address) * 316 Legislative Building, PO Box 40443			
City Olympia, WA	County Thurston	Zip + 4 98504-0443	
Filing Status (Check only one box.)			Office Held or Sought
<input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature			Office title: <u>State Senator</u> County, city, district or agency of the office, name and number: <u>43rd Legislative District</u> Position number: Term begins: <u>Jan. 2011</u> ends: <u>Jan. 2015</u>

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item 3.)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	State of Washington	State Senator	D
S	State of Washington	Univ. of WA Office of Planning/Budget, Special Projects	D
DP	City of Seattle	Parks Planning & Development Director	E

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned 2017 10 th Ave. E.		Chase	4.5%APR- 15 yrs.	Mortgage	E E
Check here <input type="checkbox"/> if continued on attached sheet					

3**ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. Lincoln Financial Group, PO Box 2348, Fort Wayne, IN, 46801 American Funds, PO Box 6164, Indianapolis IN, 46206 Great West Retirement Serv., PO Box 173764, Denver CO 80217 ICMA RC, 777N. Capitol St. NE, WA D.C., 20002	Annuity IRA 457 Deferred Comp. 457/401 Deferred Comp.	D C C C	None None None None
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.		DATE FILED PDC APR 15 2013	
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. WA St. Retirement System MEBT – City of Bellevue, WA Prudential Retirement PO Box 8000, Milville, NJ Seattle City Employees' Retirement System	Retirement Account Retirement Account Retirement Account Retirement Account	D E D E	None None None None

Check here if continued on attached sheet.**4****CREDITORS**

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Chase Auto Chase	60 months Variable rate	Auto loan Home Equity Loan	C C	B B

Check here if continued on attached sheet.**5**

All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.

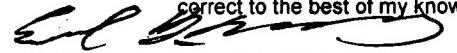
ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

CERTIFICATION: I certify under penalty of perjury that the

- I hold a state elected office, am an executive state officer or professional staff.
I have read and am familiar with RCW 42.52.180 regarding the use of public
resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17A.555
regarding the use of public facilities in campaigns.

*CANDIDATES: Do not use public agency addresses or telephone numbers for
contact information.

information contained in this report is true and
correct to the best of my knowledge.



5-11-13

Signature

Date

Contact Telephone: (206) * 854-6943

Email: edward.murray@leg.wa.gov (work)

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE
DATE FILED PDC

APR 15 2013

Information Continued

F-1

Name					
1	INCOME (continued)				
Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)		
			DATE FILED PDC		
			APR 15 2013		
2	REAL ESTATE (continued)				
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned					
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)					
A. Name and address of each bank or financial institution	Type of Account or Description of Asset		Asset Value (Use Code)	Income Amount (Use Code)	
B. Name and address of each insurance company					
C. Name and address of each company, association, government agency					
4 CREDITORS (continued)				AMOUNT (USE CODE)	
Creditor's Name and Address		Terms of Payment	Security Given	Original Present	



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
SUPPLEMENT
(1/12)

**DATE FILED PDC
SUPPLEMENT PAGE**
APR 15 2013
PERSONAL FINANCIAL STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name Murray	First Edward	Middle Initial B	DATE April 9, 2013
----------------------------	------------------------	----------------------------	------------------------------

A	OFFICE HELD, BUSINESS INTERESTS:	Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
		(1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
		(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
		<ul style="list-style-type: none"> • Legal Name: Report name used on legal documents establishing the entity. • Trade or Operating Name: Report name used for business purposes if different from the legal name. • Position or Percent of Ownership: The office, title and/or percent of ownership held. • Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered. • Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received. • Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation. • Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: **Capitol Hill Housing Foundation**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Board of Directors

ADDRESS: **1402 Third Avenue, Suite 200, Seattle, Was 98101**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

A non-profit organization supporting Capitol Hill Housing

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments	Amount (actual dollars)
None	\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
---------------------	-------------------------------------------------

None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:	Purpose of payment (amount not required)
-----------------------	-------------------------------------------------

N/A

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Information Continued

F-1 Supplement

Name				
ENTITY NO. Reporting For: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/>				
LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP DATE FILED PDC				
TRADE OR OPERATING NAME: APR 15 2013				
ADDRESS:				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:				
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:				
Purpose of payments		Amount (actual dollars)		
		\$		
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:				
Agency name:		Purpose of payment (amount not required)		
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE				
Customer name:		Purpose of payment (amount not required)		
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):				
B LOBBYING: (Continued)				
Person to Whom Services Rendered		Description of Legislation, Rules, Etc.		Compensation (Use Code)
C FOOD TRAVEL SEMINARS (continued)				
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

DEC 10 2012

PUBLIC DISCLOSURE COMMISSION
pdc
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

PDC FORM

F-1A

(11/08)

PERSONAL FINANCIAL AFFAIRS STATEMENT
 Short Form

 P M PDC OFFICE USE
 O A
 S R
 T K

DATE FILED PDC

APR 15 2010

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed. A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.

Deadlines: Incumbent elected and appointed officials – by April 15. Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position.

Last Name Murray	First Edward	Middle Initial B	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Michael Shiosaki – Domestic Partner
Mailing Address (Use PO Box or Work Address)* 215 John A. Cherberg Bldg. P.O. Box 40443		Zip + 4 98504-0443	
City Olympia, WA	County Thurston		

Filing Status (Check only one box.)	Office Held or Sought
<input checked="" type="checkbox"/> An elected or state appointed official filing annual report	Office title: <u>State Senator</u>
<input type="checkbox"/> Final report as an elected official. Term expired: _____	County, city, district or agency of the office, name and number: <u>43rd Legislative District</u>
<input type="checkbox"/> Candidate running in an election: month _____	Position number: _____
<input type="checkbox"/> Newly appointed to an elective office	Term begins: <u>Jan. 2007</u> ends: <u>Jan 2011</u>
<input type="checkbox"/> Newly appointed to a state appointive office	
<input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____.
 The information disclosed on those reports is accurate for the current reporting period.

MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated 4/15/09. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

1. Income of Elected Official: Add: Employer: University of Washington, Office of Planning & Building, Occupation: Project Manager, Amount: 'D'
 Income of DP: Employer: City of Seattle, Occupation: Parks Dept. Deputy Director, Amount: Revise to 'E'
 Income of DP: Remove City of Sammamish employment
3. Assets: Lincoln Financial Group: Asset Value: Revise to 'D'
4. Creditors: Remove WAMU (Chase) – Home equity loan paid off, amount owed = 0
Remove Chase - Auto Loan paid off, amount owed = 0

Supplement Page

- A. Offices held for Elected official, Add:
 1. Burke Museum Foundation, same operating name, Boardmember, Seattle WA, a nonprofit supporting the Burke Museum
 2. Pike Place Market Foundation, same operating name, Boardmember, Seattle, WA, a nonprofit supporting the Pike Place Market
 3. Holocaust Center of Washington State, same operating name, Boardmember, Seattle WA, a non-profit supporting the Holocaust Center

Check here if continued on attached sheet

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)

DATE FILED PDC

DEC 10 2012

Check here if continued on attached sheet**ALL FILERS EXCEPT CANDIDATES.** Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.4/14/2010

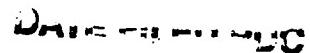
Signature

Date

Contact Telephone: (360) 786-7628 *

Email: murray.edward@leg.wa.gov (work) *

Email: _____ (Home) Optional

Report Not Acceptable Without Filer's Signature

APR 15 2010



711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
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TOLL FREE 1-877-601-2828

F-1

(11/08)

PERSONAL FINANCIAL
AFFAIRS STATEMENT

O A
S R
T K

RECEIVED

APR 15 2009

Public Disclosure
Commission

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials – by April 15.
Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

Last Name First Middle Initial
Murray Edward B.

DATE FILED PDC

Mailing Address (Use PO Box or Work Address)*
215 John A. Cherberg Bldg.
P.O. Box 40443

DEC 10 2012

City County Zip + 4
Olympia, WA Thurston 98504-0443

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
 Final report as an elected official. Term expired: _____
 Candidate running in an election: month _____ year _____
 Newly appointed to an elective office
 Newly appointed to a state appointive office
 Professional staff of the Governor's Office and the Legislature

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Michael Shiosaki – Domestic Partner

Office Held or Sought

Office title: State Senator

County, city, district or agency of the office,

name and number: 43rd Legislative District

Position number:

Term begins: Jan. 2007 ends: Jan. 2011

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S)
Spouse (SP/DP)
Dependent (D)

Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
State of Washington	State Senator	D
City of Seattle	Parks Dept. Deputy Director	D
City of Sammamish	Parks Dept. Deputy Director	D

Check Here if continued on attached sheet

REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	

Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned 2017 Tenth Ave. E., Seattle	E	WAMU (Chase)	5.5% APR- 15 yrs.	Mortgage	E E
12204 W. Shurgart Flats Rd., Leavenworth	E	Wells Fargo	5.25% APR- 30 yrs.	Mortgage	D D

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

RECEIVED
List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the period.

RECEIVING

- A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.
Lincoln Financial Group, PO Box 2348, Fort Wayne, IN

American Funds, PO Box 6164, Indianapolis, IN
Great West Retirement Services, PO Box 173764, Denver, CO

B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.

C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.

WA St. Retirement System
MEBT - City of Bellevue, WA
Prudential Retirement, PO Box 8000, Milville, NJ
Seattle City Employees' Retirement System

Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
APR 15 2009		
Annuity	C	none
Public Disclosure Commission		
IRA	C	none
457 Deferred Comp.	C	none
DATE FILED PDC		
DEC 10 2012		
Retirement Account	D	none
Retirement Account	E	none
Retirement Account	C	none
Retirement Account	D	none

4 CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

**AMOUNT
(USE CODE)**

Mortgages or real estate reported in item 2.			(See Note)	
Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
WAMU (Chase) Chase Auto	Variable rate Monthly	Home equity loan Auto Loan	B C	A A
Check here <input type="checkbox"/> if continued on attached sheet.				

5

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? _____ If yes, complete Supplement, Part A.

B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? _____ If yes, complete Supplement, Part A.

C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? _____ If yes, complete Supplement, Part A.

D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? _____ If yes, complete Supplement, Part B.

E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? _____ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature

106

Contact T

Email: [b...](#)

Editor.

10

Email: 91exp-wq (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

DATE FILED PDC

Information Continued

RECEIVED

F-1

Name	DEC 10 2012	APR 15 2009			
1 INCOME (continued)					
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation Public Disclosure Commission Occupation or How Compensation Was Earned Amount: (Use Code)				
2 REAL ESTATE (continued)					
Property Sold or Interest Divested Property Purchased or Interest Acquired All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Consideration Received			
		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original
					Current
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)					
A. Name and address of each bank or financial institution B. Name and address of each insurance company C. Name and address of each company, association, government agency		Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)	
4 CREDITORS (continued)					
Creditor's Name and Address		Terms of Payment	Security Given	AMOUNT (USE CODE) Original Present	

 <p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov</p>	RECEIVED	DEC 10 2012
	PDC FORM F-1 SUPPLEMENT (11/08)	SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name Murray	First Edward	Middle Initial B.	DATE April 12, 2009
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A OFFICE HELD, BUSINESS INTERESTS:	Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
<ul style="list-style-type: none"> (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company. <ul style="list-style-type: none"> • Legal Name: Report name used on legal documents establishing the entity. • Trade or Operating Name: Report name used for business purposes if different from the legal name. • Position or Percent of Ownership: The office, title and/or percent of ownership held. • Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered. • Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received. • Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation. • Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met. 	

ENTITY NO. 1	Reporting For: Self <input type="checkbox"/> Spouse <input type="checkbox"/>
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Registered Domestic Partner Dependent

LEGAL NAME: Arboretum Foundation	POSITION OR PERCENT OF OWNERSHIP
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TRADE OR OPERATING NAME: same	Board of Directors
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ADDRESS: 2300 Arboretum Drive E., Seattle, WA 98112

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

A non-profit organization supporting the Washington Park Arboretum.

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:	Purpose of payments	Amount (actual dollars)
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none **\$**

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:	Agency name:	Purpose of payment (amount not required)
-------------------------------------------------------------------------------------	---------------------	-------------------------------------------------

none

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE	Customer name:	Purpose of payment (amount not required)
-----------------------------------------------------------------------------	-----------------------	-------------------------------------------------

none

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):		
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none

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

RECEIVED

F-1 Supplement

Page 2

Name

APR 15 2009

Public Disclosure
Commission

ENTITY NO. 2

Reporting For: Self Spouse

DATE FILED PDC

Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

DEC 10 2012

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered

Description of Legislation, Rules, Etc.

Compensation (Use Code)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

Check here if continued on attached sheet

-Information Continued

RECEIVED

F-1 Supplement

Name	APR 15 2009			
ENTITY NO.	Public Disclosure Commission			
LEGAL NAME:	DATE FILED PDC	POSITION OR PERCENT OF OWNERSHIP		
TRADE OR OPERATING NAME:				
ADDRESS:	DEC 10 2012			
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:				
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:				
Purpose of payments	Amount (actual dollars)			
	\$			
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:				
Agency name:	Purpose of payment (amount not required)			
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE				
Customer name:	Purpose of payment (amount not required)			
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B LOBBYING: (Continued)				
Person to Whom Services Rendered		Description of Legislation, Rules, Etc.	Compensation (Use Code)	
C FOOD TRAVEL SEMINARS (continued)				
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

 <p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828</p>	<p>PDC FORM F-1A (11/08)</p>	<p>PERSONAL FINANCIAL AFFAIRS STATEMENT Short Form</p>													
		P M PDC OFFICE USE O A S R T K	DATE FILED PDC R E APR 16 2012 I V E D												
<p>The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed. A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.</p> <p>Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.</p>		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>DOLLAR CODE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>\$1 to \$3,999</td> </tr> <tr> <td>B</td> <td>\$4,000 to \$19,999</td> </tr> <tr> <td>C</td> <td>\$20,000 to \$39,999</td> </tr> <tr> <td>D</td> <td>\$40,000 to \$99,999</td> </tr> <tr> <td>E</td> <td>\$100,000 or more</td> </tr> </tbody> </table>		DOLLAR CODE	AMOUNT	A	\$1 to \$3,999	B	\$4,000 to \$19,999	C	\$20,000 to \$39,999	D	\$40,000 to \$99,999	E	\$100,000 or more
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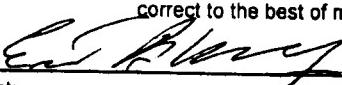
Last Name Murray	First Edward	Middle Initial B	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Michael Shiosaki – Domestic Partner
Mailing Address (Use PO Box or Work Address)* 303 John A. Cherberg Bldg. P.O. Box 40443			
City Olympia	County Thurston	Zip + 4 98504-0443	

Filing Status (Check only one box.)	Office Held or Sought Office title: <u>State Senator</u> County, city, district or agency of the office, name and number: <u>43rd Legislative District</u> Position number: Term begins: <u>Jan. 2011</u> ends: <u>Jan. 2015</u>
<input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.
<input checked="" type="checkbox"/> NO CHANGE REPORT. I have reviewed my last complete F-1 report dated <u>4/15/09</u> and F-1A reports (if any) dated (1) <u>4/2010</u> and (2) <u>4/2011</u> . The information disclosed on those reports is accurate for the current reporting period.
<input type="checkbox"/> MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

Check here <input type="checkbox"/> if continued on attached sheet	
FOOD TRAVEL SEMINARS	Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet				

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p> <u>ED MURRAY</u> <u>4-16-12</u> Signature Date Contact Telephone: (360) 786-7628 * Email: <u>murray.edward@leg.wa.gov</u> (work) * Email: _____ (Home) Optional </p>		
*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information			



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM
F-1A
(11/08)

**PERSONAL FINANCIAL
AFFAIRS STATEMENT**
Short Form

P M PDC OFFICE USE
O A
S R
T L K**DATE FILED PDC**

R APR - 5 2011
C E I V E D

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed. A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.

Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

Last Name Murray	First Edward	Middle Initial B	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Michael Shiosaki – Domestic Partner
Mailing Address (Use PO Box or Work Address)* 303 John A. Cherberg Bldg. P.O. Box 40443		Zip + 4 98504-0443	
City Olympia	County Thurston		

Filing Status (Check only one box.)	Office Held or Sought
<input checked="" type="checkbox"/> An elected or state appointed official filing annual report	Office title: <u>State Senator</u>
<input type="checkbox"/> Final report as an elected official. Term expired: _____	County, city, district or agency of the office, name and number: <u>43rd Legislative District</u>
<input type="checkbox"/> Candidate running in an election: month _____	Position number: _____
<input type="checkbox"/> Newly appointed to an elective office	Term begins: <u>Jan. 2011</u> ends: <u>Jan. 2015</u>
<input type="checkbox"/> Newly appointed to a state appointive office	
<input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
- MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated 4/15/09. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

Also Amends F1-A, dated April 2010

1. Income of Elected Official: University of Washington, Budget & Planning Office –Planner; Amount: 'D'

4. Creditors – add: Chase Auto Finance; Term: 60 months; Security Given: Auto Loan; Amount original and present : 'C'

Check here if continued on attached sheet

FOOD	Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.		
TRAVEL			
SEMINARS			

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet				

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

4/15/11
Date

Signature

Contact Telephone: (360) 786-7628 *

Email: murray.edward@leg.wa.gov

(work) *

*CANDIDATES: Do not use public agency addresses or telephone numbers for

contact information

Email: _____ (Home) Optional

Report Not Acceptable Without Filer's Signature

DATE FILED PDC

DEC 10 2012

DATE FILED PDC

APR - 5 2011

DATE FILED PDC DATE FILED PDC

Information Continued**F-1A**

Name

DEC 10 2012

APR - 5 2011

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**FOOD
TRAVEL
SEMINARS**

(Continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
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PDC FORM
F-1A
(11/08)

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AFFAIRS STATEMENT**

Short Form

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APR 16 2012

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Mailing Address (Use PO Box or Work Address) *		303 John A. Cherberg Bldg. P.O. Box 40443	
City Olympia	County Thurston	Zip + 4 98504-0443	

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<input checked="" type="checkbox"/> An elected or state appointed official filing annual report	Office title: <u>State Senator</u>
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<input type="checkbox"/> Candidate running in an election: month _____ year _____	Position number: _____
<input type="checkbox"/> Newly appointed to an elective office	Term begins: <u>Jan. 2011</u>
<input type="checkbox"/> Newly appointed to a state appointive office	ends: <u>Jan. 2015</u>
<input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	

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- NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated 4/15/09 and F-1A reports (if any) dated (1) 4/2010 and (2) 4/2011. The information disclosed on those reports is accurate for the current reporting period.
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ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

***CANDIDATES:** Do not use public agency addresses or telephone numbers for contact information

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.


Signature

4-16-12
Date

Contact Telephone: (360) 786-7628 *

Email: murray.edward@leg.wa.gov (work) *

Email: _____ (Home) Optional



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 Newly appointed to a state appointive office
 Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: State Senator

County, city, district or agency of the office, name and number: 43rd Legislative District

Position number: _____

Term begins: Jan. 2011 ends: Jan. 2015

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

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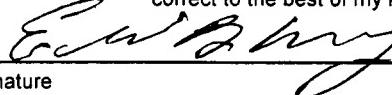
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Signature Date 4/4/11

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Email: murray.edward@leg.wa.gov (work) *

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DATE FILED PDC

APR - 5 2011

Information Continued

APR - 5 2011

Name

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(Continued)

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F-1A
(11/08)

**PERSONAL FINANCIAL
AFFAIRS STATEMENT**
Short Form

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Mailing Address (Use PO Box or Work Address)* 215 John A. Cherberg Bldg. P.O. Box 40443 City Olympia, WA			County Thurston Zip + 4 98504-0443

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: <u>State Senator</u> County, city, district or agency of the office, name and number: <u>43rd Legislative District</u> Position number: Term begins: <u>Jan. 2007</u> ends: <u>Jan 2011</u>
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<input type="checkbox"/> NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
<input checked="" type="checkbox"/> MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated <u>4/15/09</u> . The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

1. Income of Elected Official: Add: Employer: University of Washington, Office of Planning & Building, Occupation: Project Manager, Amount: 'D'
Income of DP: Employer: City of Seattle, Occupation: Parks Dept. Deputy Director, Amount: Revise to 'E'
Income of DP: Remove City of Sammamish employment
3. Assets: Lincoln Financial Group: Asset Value: Revise to 'D'
4. Creditors: Remove WAMU (Chase) – Home equity loan paid off, amount owed = 0
Remove Chase - Auto Loan paid off, amount owed = 0

Supplement Page

- A. Offices held for Elected official, Add:
1. Burke Museum Foundation, same operating name, Boardmember, Seattle WA, a nonprofit supporting the Burke Museum
2. Pike Place Market Foundation, same operating name, Boardmember, Seattle, WA, a nonprofit supporting the Pike Place Market
3. Holocaust Center of Washington State, same operating name, Boardmember, Seattle WA, a non-profit supporting the Holocaust Center

Check here if continued on attached sheet

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)

Check here if continued on attached sheet

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

***CANDIDATES:** Do not use public agency addresses or telephone numbers for contact information

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.



4/14/2010

Signature

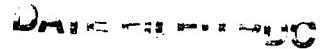
Date

Contact Telephone: (360) 786-7628 *

Email: murray.edward@leg.wa.gov (work) *

Email: _____ (Home) Optional

Report Not Acceptable Without Filer's Signature



APR 15 2010



711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

F-1
(11/08)

PERSONAL FINANCIAL
AFFAIRS STATEMENT

O A
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T K
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R E C E I V E D
APR 15 2009
Public Disclosure Commission

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials -- by April 15.
Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

Last Name First Middle Initial
Murray Edward B.

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) *

215 John A. Cherberg Bldg.
P.O. Box 40443

Michael Shiosaki – Domestic Partner

City County Zip + 4
Olympia, WA Thurston 98504-0443

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
 Final report as an elected official. Term expired: _____
 Candidate running in an election: month _____ year _____
 Newly appointed to an elective office
 Newly appointed to a state appointive office
 Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: State Senator
 County, city, district or agency of the office,
 name and number: 43rd Legislative District
 Position number:
 Term begins: Jan. 2007 ends: Jan. 2011

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S)
Spouse (SP/DP)
Dependent (D)

Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
--------------------------------------------------------	-------------------------------------------	--------------------

S

State of Washington State Senator D

DP
DP

City of Seattle Parks Dept. Deputy Director D
City of Sammamish Parks Dept. Deputy Director D

Check Here if continued on attached sheet

REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
------------------------------------	---------------------------	-------------------------------	-------------------------------------------------------------------

Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original	Mortgage Amount - (Use Code) Current
All Other Property Entirely or Partially Owned 2017 Tenth Ave. E., Seattle	E	WAMU (Chase)	5.5% APR-15 yrs.	Mortgage	E	E
12204 W. Shurgart Flats Rd., Leavenworth	E	Wells Fargo	5.25% APR-30 yrs.	Mortgage	D	D

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

RECEIVED

A.	Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. Lincoln Financial Group, PO Box 2348, Fort Wayne, IN American Funds, PO Box 6164, Indianapolis, IN Great West Retirement Services, PO Box 173764, Denver, CO	Type of Account or Description of Asset Annuity IRA 457 Deferred Comp.	Asset Value (Use Code) C C C	Income Amount (Use Code) none none none
B.	Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.			
C.	Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. WA St. Retirement System MEBT - City of Bellevue, WA Prudential Retirement, PO Box 8000, Milville, NJ Seattle City Employees' Retirement System	Retirement Account Retirement Account Retirement Account Retirement Account	D E C D	none none none none

Check here if continued on attached sheet.

4 CREDITORS	List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.	AMOUNT (USE CODE)		
	Creditor's Name and Address	Terms of Payment	Security Given	Original Present
	WAMU (Chase) Chase Auto	Variable rate Monthly	Home equity loan Auto Loan	B C A A
	Check here <input type="checkbox"/> if continued on attached sheet.			

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? _____ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? _____ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? _____ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? _____ If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? _____ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? _____ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature

Date

Contact Telephone: 206-786-7625
Email: murray.edward (work)*
Email: murray.edward (Home) Optional

Information Continued

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F-1

Name	APR 15 2009				
1	INCOME (continued)		Public Disclosure Commission		
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation		Occupation or How Compensation Was Earned	Amount: (Use Code)	
2	REAL ESTATE (continued)				
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned					
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)					
A. Name and address of each bank or financial institution		Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)	
B. Name and address of each insurance company					
C. Name and address of each company, association, government agency					
4 CREDITORS (continued)					
Creditor's Name and Address		Terms of Payment	Security Given	AMOUNT (USE CODE) Original Present	



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828
 EMAIL: pdc@pdc.wa.gov

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APR 15 2009

Public Disclosure
Commission

PDC FORM

F-1

SUPPLEMENT
(11/08)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name Murray	First Edward	Middle Initial B.	DATE April 12, 2009
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

(1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or

(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse Registered Domestic Partner Dependent

LEGAL NAME: Arboretum Foundation

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: same

Board of Directors

ADDRESS: 2300 Arboretum Drive E., Seattle, WA 98112

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

A non-profit organization supporting the Washington Park Arboretum.

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

none

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

none

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

none

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

none

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

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F-1 Supplement

Page 2

APR 15 2009

Public Disclosure
Commission

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments	Amount (actual dollars)
	\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
---------------------	-------------------------------------------------

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:	Purpose of payment (amount not required)
-----------------------	-------------------------------------------------

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

B

LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
----------------------------------	-----------------------------------------	-------------------------

Check here if continued on attached sheet

C

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

Check here if continued on attached sheet

Information Continued**RECEIVED****F-1 Supplement**

Name

APR 15 2009

Public Disclosure
Commission

ENTITY NO.

Reporting For: Self Spouse Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments	Amount (actual dollars)
	\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
--------------	------------------------------------------

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:	Purpose of payment (amount not required)
----------------	------------------------------------------

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
----------------------------------	-----------------------------------------	-------------------------

**C FOOD
TRAVEL
SEMINARS (continued)**

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
---------------	------------------------------	-------------------	----------------------	------------------